

**State of Wisconsin
Department of Natural Resources**

Chain of Custody Record

Form 4100-145 (R 8/03)

Sample Collector(s)	Title / Work Station	Telephone Number (include area code)
Property Owner	Property Address	Telephone Number (include area code)

Split Samples: Offered? ☐ Yes ☐ No
 Accepted? ☐ Yes ☐ No Accepted By (Signature): _____

						Lab Use Only			
Field ID No.	Date	Time	No. of Containers	Station Location Sample Description	Lab ID Number	Cracked / Broken	Improperly Sealed	Good Condition	Other Comments

Method of Shipment: <input type="checkbox"/> Staff <input type="checkbox"/> U.S. Postal Service <input type="checkbox"/> UPS <input type="checkbox"/> FedEx <input type="checkbox"/> Other—specify: _____	Reason for Sample Collection: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Anhydrous Ammonia Spill <input type="checkbox"/> Animal Waste <input type="checkbox"/> Open Burning <input type="checkbox"/> Dairy Product Spill <input type="checkbox"/> Construction/Storm Water Runoff </div> <div> <input type="checkbox"/> Pesticide Spill * – Specify Pesticide: _____ <input type="checkbox"/> Hazardous Waste Release * <input type="checkbox"/> Petroleum Product Release * – Specify Product: _____ <input type="checkbox"/> Industrial Spill/Runoff * – Specify Industry Type: _____ <input type="checkbox"/> Other – Specify: _____ </div> </div>	Was the sample shipping container sealed on receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><small>* Contact the laboratory with product information and for consultation. Also, include sample of suspected spilled product.</small></p>		

I hereby certify that I received and properly handled these samples as noted below:				Disposition of Unused Portion Sample: <input type="checkbox"/> Dispose <input type="checkbox"/> Return <input type="checkbox"/> Retain until further notice <input type="checkbox"/> Other _____
Relinquished By (Signature)	Date / Time	Received By (Signature)	Date / Time	
Relinquished By (Signature)	Date / Time	Received By (Signature)	Date / Time	
Relinquished By (Signature)	Date / Time	Received for Laboratory By (Signature)	Date / Time	

**If you need additional room for notes,
use the back of this form.**